



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Psychiatric Residential Treatment Providers (Level C), all Children's Group Home (Level A) Providers, all Therapeutic Group Home (Level B) Providers, all Treatment Foster Care Case Management Providers, all Managed Care Organizations Participating in the Virginia Medical Assistance Programs, and all Community Policy and Management Team (CPMT) Chairpersons

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 11/7/2008

SUBJECT: Update to the Changes to the Prior Authorization Process for Psychiatric Residential Treatment- Level C, Children's Group Home-Level A, Therapeutic Group Home-Level B and Treatment Foster Care Case Management Services

The purpose of this memorandum is to provide an update regarding the changeover from the Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment Scale (PECFAS) to the Child and Adolescent Needs and Strengths (CANS) and in the mandatory start date for use of the revised prior authorization fax forms. The changes affect Psychiatric Residential Treatment-Level C, Children's Group Home-Level A, Therapeutic Group Home-Level B, and Treatment Foster Care-Case Management (TFC-CM) Services (*Please see the Medicaid Memo dated 10/15/08*). The changes will also impact the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO).

For Comprehensive Services Act (CSA) PA requests only, the Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment Scale (PECFAS) are currently designated as the state uniform assessment instrument (UAI) for all four programs. Effective November 1, 2008, the Child and Adolescent Needs and Strengths (CANS) assessment tool, will become an alternate state UAI. Effective July 1, 2009, the CANS will become the sole state UAI for all four programs.

The KePRO fax forms for requesting authorization of the four program services have been revised to capture the changes in the new state UAI, as well other changes for each program. They are posted on the DMAS and KePRO websites. ***The start date for the use of the revised fax forms has been extended to December 1, 2008. Please read below for program specific information.***

A pre-recorded WebEx training on the revised fax forms and use of the CANS for PA will be available on the DMAS website on the Learning Network.

CHANGES TO RESIDENTIAL TREATMENT FACILITY (RTF), LEVEL C PROGRAM CRITERIA

Effective November 1, 2008, in addition to the CAFAS/PECFAS, the CANS may be used to meet the state UAI documentation requirement for CSA cases only. The locality continues to be responsible for completing the UAI. For dates of service November 1, 2008 forward, for Medicaid reimbursement of CSA cases the locality must deliver to the provider, at a minimum, either the CAFAS/PECFAS profile sheets on youth and caregiver functioning or the CANS summary sheet. Whichever assessment tool is used, the UAI is required to be current, within 90 days throughout the Medicaid-reimbursed stay. For dates of service November 1, 2008 forward the provider is required to report information on either the CAFAS/PECFAS or the CANS to KePRO for each request submitted.

Effective July 1, 2009, DMAS will require the CANS as the sole state UAI for DMAS purposes for all CSA requests for authorization of services. Failure to submit the CANS information with the PA request on or after July 1, 2009 will result in a denial of your request.

Changes to the KePRO Prior Authorization (PA) Fax Form (DMAS-365)

The revised fax forms introduced in the October 15, 2008 Medicaid Memo will not be mandatory until December 1, 2008. Until that date either version (3-21-07 or 9-25-08) of the fax form may be used.

If a locality submits a CANS and the provider is using the 3-21-07 version of the form for a prior authorization (PA) request, the provider must attach the CANS summary sheet instead of the CAFAS. ***Make a note on the fax sheet on item 17 that the CANS summary is attached.***

If the provider is using the 9-25-08 version of the fax form, there is no need for attachments. Please follow the instructions on the fax sheet.

Providers are required to confirm the locality code with the referral source to ensure the PA will reflect the fiscally responsible locality. This will prevent the need for corrections at a later date.

CHANGES TO RTF, LEVEL A & B PROGRAM CRITERIA

Effective November 1, 2008, for CSA cases only, in addition to the CAFAS/PECFAS, the CANS may be used to meet the state UAI documentation requirement. The locality continues to be responsible for completing the UAI. For dates of service November 1, 2008 forward, for Medicaid reimbursement of CSA cases the locality must deliver to the provider, at a minimum, either the CAFAS/PECFAS profile sheets on youth and caregiver functioning or the CANS summary sheet. For dates of service November 1, 2008 forward, for initial reviews, the provider is required to report to KePRO that either the CAFAS/PECFAS or the CANS has been completed and is current within 90 days.

Effective July 1, 2009, DMAS will require the CANS as the sole state UAI for DMAS purposes for all CSA requests for authorization of services. Failure to submit the CANS information with the PA request on or after July 1, 2009 will result in a denial of your request.

Changes to the KePRO Prior Authorization (PA) Fax Form (DMAS-365 A/B)

The revised fax forms introduced in the October 15, 2008 Medicaid Memo will not be mandatory until December 1, 2008. Until that date either version (7-1-08 or 9-25-08) of the fax form may be used.

If a locality submits a CANS and the provider is using the 7-1-08 version of the form for a prior authorization (PA) request, for an initial review only, the CANS would be addressed in the last item, #20. Provide the date of completion and confirmation that the two required impairments are indicated on the CANS.

If the provider is using the 9-25-08 version of the fax form, please follow the instructions on the fax sheet.

Please be sure to indicate Adoption Subsidy cases as Non-CSA requests.

Providers are required to confirm the locality code with the referral source to ensure the PA will reflect the fiscally responsible locality. This will prevent the need for corrections at a later date.

CHANGES TO TFC-CM SERVICES CRITERIA

Effective November 1, 2008, in addition to the CAFAS/PECFAS, the CANS may be used to meet the state UAI documentation requirement. The locality continues to be responsible for completing the UAI. For dates of service November 1, 2008 forward, for Medicaid reimbursement the locality must deliver to the provider, at a minimum, either the CAFAS/PECFAS profile sheets on youth and caregiver functioning or the CANS summary sheet. Whichever assessment tool is used, the UAI is required to be current, within 90 days. For dates of service November 1, 2008 forward the provider is required to report the scores for either the CAFAS/PECFAS or the CANS to KePRO for each PA request.

Effective July 1, 2009, DMAS will require the CANS as the sole state UAI for all CSA requests for authorization of services. Failure to submit the CANS information with the PA request on or after July 1, 2009 will result in a denial of your request.

Changes to the KePRO Prior Authorization (PA) Fax Form (DMAS-364)

The revised fax forms introduced in the October 15, 2008 Medicaid Memo will not be mandatory until December 1, 2008. Until that date either version (3-19-07 or 9-25-08) of the fax form may be used.

If a locality submits a CANS and the provider is using the 3-19-07 version of the form for a prior authorization (PA) request, the CANS scores and completion date should be written in under item 19. ***Item 17 should indicate to see item 19 for the CANS information.***

If the provider is using the 9-25-08 version of the fax form, please follow the instructions on the fax sheet.

Providers are required to confirm the locality code with the referral source to ensure the PA will reflect the fiscally responsible locality. This will prevent the need for corrections at a later date.

UPCOMING TRAINING

DMAS will be providing in-depth training across the state for RTF-Level C and TFC-CM beginning October 30, 2008. Registration information is available on the DMAS website under the Learning Network or go to the following link:

http://www.dmas.virginia.gov/downloads/pdfs/In-CSA_Training_TFC_CM.pdf

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a new, enhanced web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

